## PATENT APPLICATION FEE DETERMINATION RECORL Effective October 1, 2000

**CLAIMS AS FILED - PART I** 

Application or Docket Number

09/869724

| (Column 1) (Column 2)   |  |   |  |                                  |              |                  |          | SMALL ENTITY TYPE |                        |         | OTHER THAN          |                        |
|---|--|---|--|----------------------------------|--------------|------------------|----------|-------------------|------------------------|---------|---------------------|------------------------|
| TOTAL CLAIMS  |  |   | 1  | ···                              |              |                  | ĺ        | RATE              | —— <u> </u>            | OR<br>T |                     | ENTITY                 |
| FOR   |  |   | NUMBER   | NUMBER FILED                     |              | NUMBER EXTRA     |          | BASIC FE          | FEE                    | -       | RATE                | FEE                    |
| TOTAL CHARGEABLE CLAIMS   |  |   |  |                                  | NOMBER EXTRA |                  |          | DASIC FE          |                        |         | BASIC FE            | 690                    |
| -   | <del></del>                                      |   | 1  | inus 20=                         | *            |                  |          | X\$ 9=            |                        | OR      | X\$18=              | 1                      |
| <b>├</b> ──   | DEPENDENT C                                      |   | <u></u>  | ninus 3 =                        |              |                  |          | X40=              | 1                      | OR      | X80=                |                        |
| MI  | JUIPLE DEPE                                      | NDENT CLAIM F                             | RESENT   |                                  |              |                  |          | +135=             |                        | OR      | +270=               |                        |
| * It  | the difference                                   | e in column 1 is                          | less than zero, enter "0" in column 2            |                                  |              | column 2         | Ĺ        | TOTAL             | <del> </del>           | ᆗ       |                     |                        |
|   | (  | CLAIMS AS A                               | MENDE  | ENDED - PART II                  |              |                  |          | TOTAL             | <u>L</u>               | JOR     | TOTAL               | 490                    |
| (Column 1) (Column 2) (Column 3)  |  |   |  |                                  |              |                  | _        | SMALL             | ENTITY                 | OR      | SMALL               |                        |
| AMENDMENTA  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUMI<br>PREVIO<br>PAID I | BER<br>DUSLY | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | <b>*</b>                                  | Minus  | **                               |              | =                |          | X\$ 9=            |                        | OR      | X\$18=              |                        |
|   | Independent                                      | *   | Minus  | ***                              |              | =                |          | X40=              |                        | OR      | X80=                |                        |
| <u> </u>  | LINO! PHESE                                      | ENTATION OF M                             | ULTIPLE DE                                       | PENDENT                          | CLAIM        |                  |          | +135=             |                        |         | .070                |                        |
|   |  |   |  |                                  |              |                  | L        | +135≡<br>TOTAL    |                        | OR      | +270=<br>TOTAL      |                        |
|   | (Column 1) (Column 2) (Column 3)                 |   |  |                                  |              |                  |          | DDIT. FEE         |                        | JOR .   | ADDIT. FEE          |                        |
| AMENDMENT B   | % '}}<br>• ~~. • • • • • • • • • • • • • • • • • | CLAIMS                                    |  | HIGHE                            | ST           | (Column 3)       |          | <del></del>       | ADDI                   | 71 F    |                     | r                      |
|   | o a lod  | REMAINING<br>AFTER<br>AMENDMENT           |  | PREVIO<br>PAID F                 | USLY         | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | ٠   | Minus  | **                               |              | =                |          | X\$ 9=            |                        | OR      | X\$18=              |                        |
|   | Independent                                      | *   | Minus  | ***                              |              | <u> </u>         |          | X40=              |                        | OR      | X80=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |  |                                  |              |                  |          |                   | ·                      |         |                     |                        |
|   |  |   |  |                                  |              |                  |          | +135=             |                        | OR      | +270=               |                        |
|   |  |   |  |                                  |              |                  | AC       | TOTAL<br>DIT. FEE |                        | OR ,    | TOTAL<br>ADDIT. FEE |                        |
|   | ေလာက္လိုင္း စက္ခ်ပ္ တ                            | (Column 1)                                | 9 9 7 8 8<br>9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | (Colum<br>HIGHE                  |              | (Column 3)       |          |                   | <del>-</del>           | _       |                     |                        |
| MEN   |  | REMAINING<br>AFTER<br>AMENDMENT           |  | NUMBI<br>PREVIOU<br>PAID FO      | ER<br>JSLY   | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus  | **                               |              | =                |          | X\$ 9=            |                        | OR      | X\$18=              | 1                      |
|   | Independent                                      | ů.  | Minus  | ***                              |              | =                | $\vdash$ | X40=              |                        | ŀ       |                     |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |  |                                  |              |                  |          |                   |                        | OR      | X80=                |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |  |                                  |              |                  |          |                   |                        | OR      | +270=               |                        |
| ***   | the "Highest Nur<br>the "Highest Nur             | nber Previously Pai<br>mber Previously Pa | d For IN THIS<br>id For IN THIS                  | SPACE IS I                       | ess than     | 20, enter "20."  |          | TOTAL DIT. FEE    |                        |         | TOTAL<br>DDIT. FEE  |                        |
| T   | he "Highest Num                                  | ber Previously Paid                       | For (Total or                                    | Independen                       | t) is the i  | nlghest number   | found    | In the appr       | opriate box            |         |                     |                        |